

UNITED STATES BANKRUPTCY COURT SOUTHERN DISTRICT OF TEXAS

PROOF OF CLAIM

Name of Debtor Stage Stores, Inc.
Specialty Retailers, Inc.
Specialty Retailers, Inc.Case Number:
00-35079-H2-11

NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.

Name of Creditor (The person or other entity to whom the debtor owes money or property):

WLZZ-FM Radio

☐ Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.☐ Check box if you have never received any notices from the bankruptcy court in this case.☐ Check box if the address differs from the address on the envelope sent to you by the court.

Name and address where notices should be sent:

WLZZ-FM Radio
P. O. Box 999
Angola, IN 46703

Telephone number:

Account or other number by which creditor identifies debtor:

#333

Check here ☐ replacesif this claim ☒ amends a previously filed claim, dated: 7/21/00

THIS SPACE IS FOR COURT USE ONLY

United States Courts
Southern District of Texas
FILED

SEP 22 2000

Michael N. Milby, Clerk

1. Basis for Claim

- ☐
- Goods sold
-
- ☒
- Services performed
-
- ☐
- Money loaned
-
- ☐
- Personal injury/wrongful death
-
- ☐
- Taxes
-
- ☐
- Other

- ☐
- Retiree benefits as defined in 11 U.S.C. § 1114(a)
-
- ☐
- Wages, salaries, and compensation (fill out below)

Your SS #: _____

Unpaid compensation for services performed

from _____ to _____
(date) (date)

2. Date debt was incurred:

April & May, 2000

3. If court judgment, date obtained:

4. Total Amount of Claim at Time Case Filed:

\$ 464.10

If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below.

- ☐
- Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.

5. Secured Claim.

- ☐
- Check this box if your claim is secured by collateral (including a right of setoff).

Brief Description of Collateral:

- ☐
- Real Estate
- ☐
- Motor Vehicle
-
- ☐
- Other

Value of Collateral: \$ _____

Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ _____

6. Unsecured Priority Claim.

- ☐
- Check this box if you have an unsecured priority claim
-
- Amount entitled to priority \$ _____

Specify the priority of the claim:

- ☐
- Wages, salaries, or commissions (up to \$4,300)* earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3).
-
- ☐
- Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4).
-
- ☐
- Up to \$1,950* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6).
-
- ☐
- Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7).
-
- ☐
- Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8).
-
- ☐
- Other Specify applicable paragraph of 11 U.S.C. § 507(a)(____).

*Amounts are subject to adjustment on 4/1/01 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

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7. Credits: The amount of all payments on this claim has been credited and deducted for making this proof of claim.

8. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If documents are not available, explain. If the documents are voluminous, attach a summary.

9. Date-Stamped Copy: To receive an acknowledgement of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.

Date

9/18/00

Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any):

(Thomas R. Andrews)

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

1598

WLZZ-FM RADIO
P. O. BOX 999
ANGOLA, INDIANA 46703

** STATEMENT OF ACCOUNT **

****THE STAGE****
AMENDED BANKRUPTCY CLAIM

September 18, 2000

REYNOLDS MEDIA SERVICES, INC.
ACCOUNTS PAYABLE
2425 SOUNTAINVIEW, SUITE 355
HOUSTON, TEXAS 77057

<u>BILLING INFORMATION</u>			<u>PAYMENT INFORMATION</u>		
<u>DATE</u>	<u>INV. #</u>	<u>INV. AMT</u>	<u>CHECK #</u>	<u>AMOUNT</u>	<u>BALANCE</u>
04/14/00	40462	\$232.05			\$232.05
05/23/00	50470	77.35			309.40
05/23/00	50471	154.70			464.10

AMENDED CLAIM TOTAL: \$464.10

WLZZ-FM RADIO
209 WEST MAIN STREET
MONTPELIER, OHIO 43543

419-485-5530

* INVOICE *
* 40462 *

REYNOLDS MEDIA SERVICES, INC.
Accounts Payable
2425 FOUNTAINVIEW, SUITE 355
HOUSTON, TEXAS 77057

Product: *STAGE STORES
Order #: April 1Day

THE STAGE
Salesman # 4

Date: 04/14/00

Cust # 1 - 333

Station	Quan	Sched	Len	Description	Rate	Gross	Tax	Agcy Disc	Net
2	5	462	60	Commercials	18.20	91.00	0.00	13.65	77.35
2	10	463	60	Commercials	18.20	182.00	0.00	27.30	154.70
Invoice Total:						273.00	0.00	40.95	232.05

WLZZ-FM RADIO
209 WEST MAIN STREET
MONTEPELIER, OHIO 43543

419-485-5530

* INVOICE *
* 50470 *

REYNOLDS MEDIA SERVICES, INC.
Accounts Payable
2425 FOUNTAINVIEW, SUITE 355
HOUSTON, TEXAS 77057

Product: *STAGE STORES
Order #:

THE STAGE
Salesman # 4 Schedule # 470 Date: 05/23/00 Cust # 1 - 333

Station	Quan	Len	Description	Rate	Gross	Tax	Agcy	Disc	Net
2	5	60	Commercials	18.20	91.00	0.00	13.65		77.35

WLZZ-FM RADIO
209 WEST MAIN STREET
MONTPELIER, OHIO 43543

419-485-5530

* INVOICE *
* 50471 *

REYNOLDS MEDIA SERVICES, INC.
Accounts Payable
2425 FOUNTAINVIEW, SUITE 355
HOUSTON, TEXAS 77057

Product: *STAGE STORES
Order #:

THE STAGE
Salesman # 4 Schedule # 471 Date: 05/23/00 Cust # 1 - 333

Station	Quan	Len	Description	Rate	Gross	Tax	Agcy	Disc	Net
2	10	60	Commercials	18.20	182.00	0.00	27.30		154.70